PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/530601

| 70801 | | | | | | | | | | | | | | |
|--|---|---|--|-----------------------------------|--|--------------------------------|----------|-------------------|------------------------|------|----------------------------|-------------------|----------|--|
| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER | | | |
| - | | | (Colum | าก 1) | (Column 2) | | . | 1772 | | - OK | SMALL | ENIII | Y | |
| U.S | S. NATIONAL | STAGE FEES | | | | | | RATE | FEE |] | RATE | F | EE | |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARGE ENT. = \$ 300 | | | BASIC FEE | | OR | BASIC FEE | 30 | <u> </u> | |
| EXAMINATION FEE | | | Satisfies PCT A (4) = \$50 | 7 100 | | ther situations = 100 / \$ 200 | | EXAM. FEE | | | EXAM. FEE | 20 | h | |
| SEARCH FEE . | | | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | | | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 ≐ | | X \$ 125 = | | 1 | X \$ 250 = | | | |
| TOTAL CHARGEABLE CLAIMS | | |) a minus 20 = | | • | | | X \$ 25 = | | OR | X \$ 50 = | | | |
| INDEPENDENT CLAIMS | | | 7 " | ninus 3 = | • | | | X \$ 100 = | | OR | X \$ 200 = | | | |
| MU | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | . | | + \$ 180 = | | OR | + \$ 360 = | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | | | |
| PRE A CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | | | |
| AMENDMENTA | 4/7/05 | CLAIMS REMAINING AFTER AMENDMENT | | HIGH MUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | AD TIOI FE | VAL | |
| | Total | 12 | Minus | - 6 | 20 | = | | X \$ 25 = | | OR | X \$ 50 = | 1 | | |
| | Independent | • 3 | Minus · | (| 3 | | | X \$ 100 = | | OR | X \$ 200 = | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | / | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. | 1 | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | | |
| AMENDMFNT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | EST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADI TION FE | IAL | |
| | Total | • | Minus | ** | | = | ſ | X \$ 25 = | | OR | X \$ 50 = | | | |
| | Independent | • | Minus | *** | | | Ī | X \$ 100 = | | OR | X \$ 200 = | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | | |
| | | - | OTAL ADDIT. FEE | | OR | TOTAL ADDIT. | | \exists | | | | | | |
| *** | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |